

Nursing Evaluation Tool:

Chest P

| | | |
|-----------------|----------|------------------------------------|
| Facility: | | |
| Inmate Name: | DeLaney | George |
| Inmate Number: | 374390 | MI |
| Date of Report: | 12/14/08 | Time Seen: 9:28 AM (PM) Circle One |

Complaint: Chief Complaint(s): Chest pain x 2 wks off & on

Onset: unknown

Activity prior to onset:

History: none

(Continue on back if necessary)

Description of Pain: ☐ Burning ☐ Stabbing ☒ Dull/Achy ☐ Pressure-like ☐ Crushing ☐ Other: ☐ Check Here if additional not

Duration of Pain: 1-2 mins Does anything relieve the pain? NO

Onset of Pain: ☐ New onset ☒ Sudden ☐ Gradual ☐ Chronic Pain Scale: (1-10) 4-5 History of injury? ☐ YES

Radiation: ☒ No radiation ☐ Radiation to:

Aggravating Factors: ☐ Exertion ☐ Stress ☐ Food intake ☐ Movement ☐ Coughing ☐ Other:

Associated Symptoms: ☐ Nausea/Vomiting ☐ Diaphoresis ☒ Dyspnea ☐ Syncope

☐ Fever ☐ Chills ☐ Cough ☐ Sputum production ☐ Hemoptysis

Cardiac Risk Factors: ☐ Family history ☐ Smoke: ppd/ years ☐ Hypertension ☐ Diabetes ☐ Hyperlipidemia ☐ CAD

History of: ☒ Peptic ulcer ☐ Illicit drug use ☐ Cardiac disease ☐ Nitroglycerin use

Observation: Vital Signs: T: 97.9 P: 58 RR: 16 B/P: 115/62

Pulse Ox %: 98 %

General Appearance: ☒ No acute distress ☒ Alert ☒ Oriented x 3 ☐ Anxious ☐ Acute distress

Color: ☒ Normal ☐ Pale ☐ Flushed ☐ Cyanotic ☐ Jaundiced

Skin: ☒ Warm ☐ Dry ☐ Cool ☐ Moist/Clammy

Lung sounds

Right

☒ Clear

☐ Diminished

☐ Crackles

☐ Rhonchi

☐ Wheezing

EKG ordered? ☐ YES ☐ NOEKG interpretation / computer read or available for physician? ☐ YES ☐ NO☐ Additional Examination:

(Continue on back if necessary)

☐ Check Here if continued on

Intervention: (Referral Status)

Preliminary Determination(s):

☒ Referral NOT Required☐ Referral Required due to the following: (Check all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> Acute distress | <input type="checkbox"/> Abnormal vital signs | <input type="checkbox"/> Recurrent Complaint (More than 2 visits for same comp) |
| <input type="checkbox"/> Cardiac history | <input type="checkbox"/> Suspicious cardiac symptomology | <input type="checkbox"/> Cardiac Risk Factor present |
| <input type="checkbox"/> History of recent illicit drug use | <input type="checkbox"/> Other: | |

Comment: You should contact a physician and/or a nursing supervisor if you have any concerns about the status of the patient or are unsure appropriate care to be given.

Check All That Apply: Acute distress - arrange for immediate emergency transport

- ☐ Administer oxygen if in acute distress
- ☐ Education: The patient demonstrates an understanding of the nature of their medical condition and instructions regarding what to do as well as appropriate follow-up. ☐ YES ☐ NO (If NO then schedule patient for appropriate follow-up visits)
- ☐ Instructions to return if condition worsens.
- ☐ Other:

OTC Medications given ☒ NO ☐ YES (If Yes List):Referral: ☐ NO ☐ YES (If Yes, Whom/Where):Referral Type: ☐ Routine ☐ Emergent (if emergent who was contacted?):

Time [00101]

X. Brown 1/17



VIRGINIA DEPARTMENT OF CORRECTIONS
Complaint and Treatment Form (DOC 711)

Effective Date: June 1, 2008
Operating Procedure #720.1 Attachment

Facility: POWHATAN CORRECTIONAL CENTER

Offender Name:

Delaney
Last

Acory
First

Number: 374390

| Date/Time | Complaint and Treatment | Signature and Title |
|--|--|---------------------|
| 12/30/08 8:35 AM | O/m Request 2 copies of MD diet order dated Jan 4, 2008. 2 copies were made O/m will receive copies during MDSC today | H. Pae MRC |
| 12-30-08 0930 BP: 98/60 P: 62 R: 18 T: 97.7 WT: 168 pulse: 98 | MDSC S) Pt is here for f/u. He now c/o loose bowel due from his colectomy and is asking for a "special medicated powder" to thicken the discharge. He also wants to pass his kitchen physical and is angry that he failed it. | |
| | O) HENT: PERRL, moist mucosae Lungs: CTA (B) Heart: S, S2 @ M/R/g Abd: soft, NT, BBT Ext: edema Neuro: A 10x3 | |
| | A) 1) Hx UC is ip colectomy 2) Constipation - now c/o loose st 3) Does not meet criteria to work in the kitchen per diw Mrs Ray. | |
| | P) F/u in 3 mo c CCRM. L. Kump | |



VIRGINIA DEPARTMENT OF CORRECTIONS
Complaint and Treatment Form (DOC 711)

Effective Date: June 1, 20
Operating Procedure #720.1 Attachment

Facility: POWHATAN CORRECTIONAL CENTER

Offender Name: Delaney George Number: 374390
Last First

| Date/Time | Complaint and Treatment | Signature and Title |
|---------------|--|---------------------|
| 12/31/08 1500 | VIO DR Kump / Y Cass (W) | |
| 12/31/08 1500 | ① Re-eval Kitchen physical - Place on asc I'm to medical evaluated abd - No open ostomy. Ostomy site fully closed. I'm stated no longer using briefs. No problems w loose stools. stool loose previously w it laxatives stated I'm. Dr Kump told I'm to stop using laxatives said I'm w he said he hasn't had any problems w Bm's being loose. | Yap. Yap |
| 1/2/09 9:30 | Cancel kitchen physical L. Kump | |
| 1/6/09 14:30 | UM / preref done for OT 1/12/09 and Ortho re-eval. L. Kump | |

Mr. Genns.

1-6-09

I was unable to make my library appointment on 1-5-09 due to having to go to M. C. V. Hospital at 7:00 AM and did not return until 7:00 PM. I am currently having a crisis with ~~diarrhea~~ diarrhea. I am unable to stay away from the commode. As you may be aware I have NO colon I am requesting that I be rescheduled for the library for the week of 1-12-09, 1-16-09. Thank you!
George Genns



VIRGINIA DEPARTMENT OF CORRECTIONS
Complaint and Treatment Form (DOC 711)

Effective Date: June 1, 2007
Operating Procedure #720.1 Attachment #1

Facility: POWHATAN CORRECTIONAL CENTER

Offender Name:

Delaney
Last

George
First

Number:

374390

| Date/Time | Complaint and Treatment | Signature and Title |
|------------------|--|----------------------------|
| 12/30/08 0955 | Inmate requested 2 copies of a piece in his record. 2 pages given to inmate. | <i>Monk</i> MPT |
| 1-8-09 1050 | Med Renewal request: ① Anal HC Supp-25mg Insert i supp. rectally q 12° PRN X 60 days | <i>L. Ray</i> L. Ray RN |
| 1-16-09 12:00 | Med Renewal Request ① Motrin 400mg two tabs tid PRN X 60 days ② Tylenol ES i po BID X 60 days | <i>L. Ray</i> L. Ray RN |
| 2/5/09 | UM done for hand done 3/09. | <i>L. Ray</i> |

Nursing Evaluation Tool:

General Sick Call

| | |
|---|--|
| Facility: | |
| Inmate Name: <u>Dolaney</u> | <u>George</u> |
| Inmate Number: <u>374390</u> | First MI |
| Date of Report: <u>05</u> <u>18</u> <u>1009</u> | Time Seen: <u>0900</u> <u>(AM)</u> / PM Circle One |
| MM DD YYYY | |

Complaint Chief Complaint(s): ConstipationOnset: 1/m States " Couple of weeks"Brief History: 1/m States "last bowel movement was the other day but its not like its supposed to be"**Observation:** Vital Signs: (As Indicated) T: 97.9 P: 74 RR: 20 B/P: 122 / 68Examination Findings: bowel sounds present x4 Quads. abdomen
(Continue on back if necessary)
Soft non-tender to touch**Intervention: (Referral Status):**☒ Referral **NOT REQUIRED**☐ Referral **REQUIRED** due to the following: (Check all that apply)☐ Recurrent Complaint (More than 2 visits for the same complaint)☐ Other: _____**Comment:** You should contact a physician and/or a nursing supervisor if you have any concerns about the status of the patient or are unsure of the appropriate care to be given.

Check All That Apply:

☒ Instructions to return if condition worsens.☒ Education: The patient demonstrates an understanding of the nature of their medical condition and instructions regarding what they should do as well as appropriate follow-up. ☐ YES ☐ NO (If NO then schedule patient for appropriate follow-up visits)☐ Other: _____OTC Medications given ☐ NO ☒ YES (If Yes List): Wk of mag. 2-4 table spoons p.o Qhs or Am & 8Referral: ☒ NO ☐ YES (If Yes, Whom/Where): Will consult to MD MD: _____Referral Type: ☐ Routine ☐ Emergent (if emergent who was contacted?): _____ Time _____

x

Nurses Signature: [Signature]Name: D. OvertonCpr

[00106]



VIRGINIA DEPARTMENT OF CORRECTIONS
Complaint and Treatment Form (DOC 711)

Effective Date: June 1, 2007
Operating Procedure #720.1 Attachment #1

Facility: POWHATAN CORRECTIONAL CENTER

Offender Name:

DeLaney
Last

George
First

Number: 374390

| Date/Time | Complaint and Treatment | Signature and Title |
|--|---|---------------------|
| 2-11-09 1:50 PM T-97.2 P-66 PO-9890 BP-120/70 | <p>Dr. states he has Ulcerative Colitis and had entire colon & part of small bowel removed. States his adhesions causing obstructions. States that lack of exercise in med causes bowels to not move adequately.</p> <p>PE/NO distress</p> <p>Abd - Good BS Soft</p> <p>Tender along @ Side & across lower abd. No H3 Megaly or Masses.</p> <p>Mild rebound</p> <p>Imp - No clinical evidence for Obstruction</p> <p>Plan - Please Notify the Appropriate Person to Expedite Dr's transfer from MB if possible (if he has in fact been released).</p> <p>Y. [Signature] 2/12/09 130</p> | |
| 2-17-09 1250 | <p>Upon viewing med record. Inmate fed an agramal from DR Stephens OHS for Low Residue diet which included: (NO processed foods, spicy foods, raw vegetables, oranges, apples, corn flakes, boiled eggs, beans, peanut butter or nuts).</p> <p>Consulted to DR Kemp re: this diet order.</p> <p>① Please order Low Residue diet as mentioned above X 1 year.</p> <p>V.O. Dr. Kemp / L. [Signature]</p> | |



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Facility: POWHATAN CORRECTIONAL CENTER

Offender Name:

Delaney
Last

George
First

Number: 374390

| Date/Time | Complaint and Treatment | Signature and Title |
|---------------------------|---|---------------------|
| 2/6/09 6 ⁰⁹ pm | <p>C- 'I'm seen on NSC in MB106 'I'm complain of stomach pain states "my stomach is hard - I can't use the bathroom" O- 'I'm very uncooperative refused assessment of abdomen and V/S stating "I can't be in sequestration everytime - I'm in sequestration I get a bowel obstruction" 'I'm further states "about 11 days after each time I'm in sequestration I end up in the hospital I'll see - I have documented proof - I can't be in sequestration you all will be liable when I go to the hospital informed 'I'm at had nothing to do with getting him released from seg. P- 'I'm given milk at max 30cc BID x 5 days per NSC protocol and referred to med for further eval. 'I'm informed to notify nursing if symptoms get worse</p> | D. C. [unclear] |



VIRGINIA DEPARTMENT OF CORRECTIONS
Complaint and Treatment Form (DOC 711)

Effective Date: June 1, 2007
Operating Procedure #720.1 Attachment #1

Facility: POWHATAN CORRECTIONAL CENTER

Offender Name: Delaney Last George First

Number: 374390

| Date/Time | Complaint and Treatment | Signature and Title |
|---|--|---|
| 2/19/09 1340 | Lactulose 30 cc bid prn x 90d | L. Kump |
| 3/18/09 1340 | Med. Renewal Request: ① Motrin 400mg - Take \ddot{u} PO TID as needed x 60 days ② Tylenol 500mg Take \ddot{u} PO BID x 60 days | Motion by Delaney 2PM 2/19/09 1913 L. Kump |
| PCO 3/23/09 2:55 pm T 976 P 84 R 30 BP 110/70 wt. 170 | S) Pt c/o cough @ green sputum. He states he can't work as his BMs are every 15 minutes and it interferes with his duties. He was denied a job already and asks to change his medical code from A to D. O) In ASD, talks very fast, argument. Lungs: harsh BS Heart: S.S. & M 1R/S Abd: soft, n, BS Ext: edema neuro: A10x3, excited A) 1. s/p bowel resection for UC. 2. Intermittent diarrhea/constipation 3. Antisocial /borderline personality d-r per record. 4. URT | Motion by Delaney 2PM 3/18/09 2058 MDSC L. Kump |

Effective Date: June 1, 2007
Operating Procedure #720.1 Attachment #1

Offender Name:

Delaney George
Last First

Number: 374390

 $[00110]$

DELANEY, GEORGE VCUHS
6185429 DOB: '60
03/16/09 M B 49Y SHAN
ISAACS MD, JONATHAN E ORTO
VIS#: 706 157842166

VCU Health System
MCV Hospitals and Physicians
Richmond, Virginia 23298

AMBULATORY CARE
CLINIC RECORD

PATIENT IDENTIFICATION (Patient Plate)

3/16/09

see HBP

in corner

[00111]

SURGERY/PROCEDURE/ADMISSION INFORMATION

Inmate #: 374390

Patient N: DELANEY, GEORGE VCUHS
6185429 DOB: 03/03/60
Medical F 03/16/09 M B 49Y SHAN
ISAACS MD, JONATHAN E ORTO
VIS#: 706 157842166

Facility: State Farm Powhatan

Facility Contact: _____

Phone #: (804) 598-4251 Fax #: () _____

VCU Health System.

Telemedicine

Gateway Building

1200 East Marshall

Richmond, VA 23298

Clinic: TEL PACE

Contact: Bernie Ammons

Phone #: (804) 828 - 6114

Fax #: (804) 828 - 8460

P.O. Box 980531

VCU Health System

Security Care Clinic

1213 E. Clay Street

Richmond, VA 23298

Clinic: SeeContact: Nilda

Phone #: (804) 325 - 2965

Fax#: (804) 827 - 0038

P.O. Box 980338

Date of Surgery/Procedure: _____

Surgeon/Physician: Dr Isaacs

Date of Admission: _____

Type of Surgery/Procedure: _____

Reason for Surgery/Procedure/Admission: Left little finger proximal interphalangeal joint Release Venn's ArthrodesisSurgery is: ☐ Outpatient ☐ Outpatient w/ 23 Hour Observation ☐ InPatientAdmission is: ☐ Same Day☐ # Days prior to Surgery

DATE if Surgery is RESCHEDULED: _____

☐ # Days - Approximate Length of Stay

DATE of Admission if Surgery Rescheduled: _____

If Surgery/Procedure/Admission is NOT approved or refused: Notify Scheduling Unit ASAP & fax written denial or refusal.

PATIENT/FACILITY SURGERY/PROCEDURE/ADMISSION INSTRUCTIONS

☒ SHOULD avoid taking Aspirin or like products (NSAIDs, Motrin, etc.) 1-2 weeks prior to surgery; use Tylenol products PRN.☒ Should NOT eat or drink anything after midnight the night before surgery or the morning of surgery.☐ Should NOT take insulin or diabetic medications the morning of surgery.☐ SHOULD take daily am blood pressure, seizure, asthma and heart medicines with a sip of water.☐ SHOULD bring inhalers to surgery.☒ Send current MMR with patient day of surgery/admission.

SPECIAL INSTRUCTIONS prior to surgery or admission:

☐ BOWEL PREP (instructions attached)☒ PACE appointment (send pre-reg to telemedicine to schedule)☐ CARDIOLOGY clearance (send pre-reg)

Complete the following 1 week prior to surgery _____ (date); fax to Scheduling Unit & bring day of surgery.

Send requested ACTUAL: X-RAYS with reports, LAB reports, EKG & original H&P with patient day of surgery/admission.

☐ CBC☐ BMP☐ PT☐ Urinalysis☐ PA & Lat Chest X-Ray☐ CBC with Diff☐ CMP☐ APTT☐ LFTs☐ EKG☐ H&P☐ Other: Patient Scheduled for Surgery will Fax Date

ADMISSION:

DATE _____ TIME _____ am/pm

[00112]

REPORT TO:

Critical Care Hospital SR1 Holding Area

VCU Health System, MCV Hospitals & Physicians
Richmond, VA 23298

P831- Production

Orthopedic Surgery Admission H&P

DELANEY, GEORGE - 6185429

* Final Report *

Result Type: Orthopedic Surgery Admission H&P
Date: 16 March 2009 14:20
Status: Auth (Verified)
Subject: Orthopedic Surgery Admission H&P (VCUHS)
Author: LOVELAND MD, KERRY L on 16 March 2009 14:35
Electronically Signed By: LOVELAND MD, KERRY L on 16 March 2009 14:59
Encounter info: 706157842166, VCUHS, OP, 03/16/09 -

* Final Report *

Orthopedic Surgery Admission H&P (VCUHS)

Patient: DELANEY, GEORGE MRN: MRN - 6185429 - MRM Pool FIN: 706157842166
Age: 49 years Sex: M DOB: 60
Associated Diagnoses: None
Author: LOVELAND MD, KERRY L

Chief Complaint

Pain and arthritis in left 5th finger

History of Present Illness

Pt injured finger in softball game on 4/30/08. Pt reports taking a line drive softball to his finger. At that time finger was immobilized against ring finger. Pt reports keeping finger immobilized for 6 months. Pt first evaluated at MCV on 11/16/08 at that time pt placed in a rubber band splint. Pt continues to have little to no flexion of the affected digit.

Co-morbidities

Pt has hx of ulcerative colitis s/p complete colon resection.

Histories

Past Medical History: Pt had complete colectomy in 1997, Pt had colostomy take down and reanastomosis in 1998. Pt had exlap for adhesions in 9/08. Colectomy secondary to hx of UC.

Procedure History (& Surgical): total colectomy, colostomy take down, ORIF of right ankle

Family History: Aunt hx of IBD.

Social History: Alcohol use: None, Tobacco use: Denies tobacco use and exposure, Drug use: Denies drug use, Pt reports using cocaine in past but none since 2002, no cocaine, Family/ Social situation: Single, Pt is an inmate at Powhatan correctional institute. Pt scheduled for release in 2010, Occupation.

Printed by: Hines LPN, Lorna
Printed on: 03/16/09 15:13

Page 1 of 3
(Continued)

[00113]

VCU Health System, MCV Hospitals & Physicians
Richmond, VA 23298

P831- Production

Orthopedic Surgery Admission H&P

DELANEY, GEORGE - 6185429

* Final Report *

Allergies / Current Medications

Allergies: Phenergan - jitterness.

Current medications: .

Documented Medication Orders

HYDROMorphone (Dilaudid), 4 mg, PO, every 3 hours, 10, PRN

docusate, 100 mg, PO, every 12 hours, 60

docusate, 100 mg, PO, every 12 hours, 30

acetaminophen-oxycodone (acetaminophen-oxycodone 325 mg-5 mg oral tablet), 2 tab, PO, every 4 hours, 30, PRN

senna, 1 tab, PO, bedtime, 30

Physical Examination

VS/Measurements

General: Alert and oriented, No acute distress.

Eye

HENT: Normocephalic, Normal hearing, Oral mucosa is moist.

Neck: Supple, Non-tender, No jugular venous distention, No lymphadenopathy, No thyromegaly.

Respiratory: Lungs are clear to auscultation, No chest wall tenderness.

Cardiovascular: Regular rate, Normal rhythm.

Gastrointestinal: Soft, Non-tender, Pt has multiple scars from previous abdominal surgery.

Genitourinary

Lymphatics

Musculoskeletal: LUE: small finger very ttp of PIP joint, PIP in hyperextension and DIP in flexion, silt, bcr.

Feet

Integumentary

Neurologic

Psychiatric

Pain Assessment

Medical Decision Making

Laboratory results

Radiology results

Results review

Review of Systems

Constitutional: Negative.

Eye: Negative.

Ear/Nose/Mouth/Throat: Negative.

Printed by: Hines LPN, Lorna
Printed on: 03/16/09 15:13

Page 2 of 3
(Continued)

[00114]

VCU Health System, MCV Hospitals & Physicians
Richmond, VA 23298

P831- Production

DELANEY, GEORGE - 6185429

Orthopedic Surgery Admission H&P

* Final Report *

Respiratory: Negative.

Cardiovascular: Negative.

Gastrointestinal: Negative.

Genitourinary: Negative.

Hematology/Lymphatics: Negative.

Endocrine: Negative.

Musculoskeletal: Joint pain, Pt reports fracturing ankle in 1997 s/p ORIF with 1-2 pins. .

Psychiatric: Negative.

Impression and Plan

49 y/o male hx of trauma to distal part of 5th digit on left hand. Pt has chronic swan neck deformity.

- consent pt for joint release of PIP with possibility of fusion of PIP
- have pt scheduled for surgery and return as an outpatient
- pt to follow up in prisoner clinic post op

Printed by: Hines LPN, Lorna
Printed on: 03/16/09 15:13

Page 3 of 3
(End of Report)

[00115]



VIRGINIA DEPARTMENT OF CORRECTIONS
Consultation Report

Effective Date: January 1, 2008
Operating Procedure #720.2 Attachment #7

CONSULTATION REPORT

PLEASE BILL TO ANTHEM

| | | | |
|----------------------|-----------------|--------------|-----------------|
| Sending Facility: | M-Bldg | Date: | 03-02-2009 |
| Offender Name: | Delaney, George | Offender #: | 374390 |
| SS#: | | DO: | |
| Allergies: | | | |
| Current Medications: | | | |
| Referred By: | Dr. Amonnette | Referred To: | MCV-Hand Clinic |
| Medical Complaint: | | | |

18399096

CONSULTING PHYSICIAN: PLEASE COMPLETE THE FOLLOWING:

| | | | |
|--|--------------|--|---------------|
| Findings: | see attached | | |
| Lab or X-ray Results: | HBP | | |
| Diagnosis: | | | |
| Treatment and Medications Recommended: | | | |
| Restrictions: | | | |
| Consulting Physician: | | | Date: 3/16/09 |
| Follow-up appointment date and time: | | | |

LE 3/18/09
[0016]

P DELANEY, GEORGE VCUHS
 6371281 DOB: 1 /60
 12/16/08 M B 48Y OTHN
 N DEFAULT, PROVIDER PTOT
 VIS#: 706 157646681

Medical College of Virginia Hospitals
 Virginia Commonwealth University
 Richmond, Virginia 23298

THMC
 THERAPY DEPARTMENT
 CASE RECORD

Patient Identification (Patient Name)

Visit # 4

1/5/09

12:30 pm S-R indicating no improvement wants
 2:30 pm referral to Hand Clinic MD.

TX Moist heat & Zonin. hand flat in heat b/c
 pt could not flex or extend portion of PIP for
 heat

Massage x 8 minutes at PIP region. Flex by
 manual TX to PIP. Arm DIP flex 18 min

Apex blocking for PIP flex 8 min. Splint check

A = Pt wants to IN (P) Rom PIP despite extensive

joint wear & static progressive PIP flex. Rec. by
 Hand Surg MD to explore any surgical
 options. Note no current gpt. will by the

facilitate such in gpt & there full xrx
 at least 1-2 visit. Splint & good fit

P Plan OT Hand 1/12/09. Checked case Hospital
 VCUHS (MCH Hospitals) 8 am Subbasement 1
 Room 1300T/PC.

William H. Hume / MD / LCBtr

MEDICAL RECORDS COPY

[00117]

DELANEY, GEORGE

VCUHS

6185429

DOB: /60

02/02/09

M B 48Y

SHAN

ISAACS MD, JONATHAN E

ORTO

706157807032

T435 ANTHEM DEP

VCU Health System
MCV Hospitals and Physicians
Richmond, Virginia 23298

AMBULATORY CARE
CLINIC RECORD

PATIENT IDENTIFICATION (Patient Plate)

HPI: 46 yo RHD injured @ finger 4/08, now c
chronic swim neck deformity. Tried Hard Mergent
to help b/c of pain to motion.

PE: LUE: PIP - hyperextended Full ROM MCP
DIP - flexed

④ TTP to tenderness c attempts to move PIP joint
NVI

Injury: swim-neck possibly flexion/extension

A/P: chronic swim neck

① injury @ back

② fly larvae

③ Film @ Fwd

[Signature]
4273

Virginia Department of Corrections / VCU Medical Center
PRE-REGISTRATION REQUEST FORM

(To be used when requesting tests or clinic / telemedicine appointments)

DELANEY, GEORGE VCUHS
 6185429 DOB: /60
 02/02/09 M B 48Y SHAN
 ISAACS MD, JONATHAN E ORTO
 706157807032 T435 ANTHEM DEP

VCUMC Medical Record Number: 6185429

SSN: _____
 MI _____

DOB: _____

Sex: M Race: _____

Correctional Facility: PCC DOC Physician: _____
 Address: _____ Phone: _____
 VA Zip Code _____ FAX: _____

PAYER INFORMATION
 Company Name: *
 Policy No: YTA 950
 If not DOC, please indicate SELF PAY or
 send copy of Insurance Card.

Please complete one of the boxes below to indicate your request for this patient.

(A separate Pre-Registration form is required for each clinic or test.)

Appointment for Hand Clinic
☒ On-Site (VCU-MC) ☐ Telemedicine
 Reason patient needs to be seen:
☐ New patient evaluation for: _____
☒ Follow-up for _____ and
 needs to be seen 1 month from last
 appointment.
☐ Emergent (1-7 days) ☐ Urgent (8-30 days) ☐ Next Available
 Next available will be given unless explanation is written below to indicate
 reason for Urgent or Emergent appointment.
 PHS Number: _____

Diagnostic Test or Procedure: _____
 (May require completion of department specific form)
 For CT or MRI the following information is required:
 Is the patient claustrophobic? ☐ Yes ☐ No
 diabetic? ☐ Yes ☐ No

If diabetic, list diabetic meds: _____

Any metal in the body? Specify: _____

Allergies: _____ Weight: _____

Requesting Doctor's name: _____

PHS Number: _____

Please provide a **DIAGNOSIS** and pertinent **HISTORY** as it relates to this appointment or test.

Flu left finger deformity

Appointment Process and Important Information

- Obtain approval for visit/test/procedure if required.
- FAX this form to: (804) 827-0038
- The day before the appointment, send updated Pre-Reg. Form to the Holding Cell - FAX-(804)786-9615 or E-mail (BURKSMR)
- NOTIFY inmate schedulers (804) 628-0425 and Holding Cell (804) 786-1264 of ALL REFUSALS OR CANCELLATIONS.
- QUESTIONS?? Call (804) 325-2965 @ 325-7720
- REMEMBER - SEND pertinent information with inmate to appointment. (Notes, Current Meds, Test Results, X-Ray FILMS, etc.)

Please NOTE

For Hepatology / Possible Liver Biopsy: Complete Protocol Information and FAX to (804) 828-4945. For questions call (804) 828-4060.

APPOINTMENT

To be completed by VCU-MC personnel only.

☐ VCU-MC - Date: _____ Time: _____

☐ Telemedicine - Date: _____ Time: _____

☐ At your facility ☐ Transport to: _____

(if checked) Please mail films ASAP to:
 VCU Medical Center, Telemedicine Department
 P.O. Box 980531, Richmond, VA 23298-0531

3/2/09 @ 8:00am

Please Send MMA 00119 |



VIRGINIA DEPARTMENT OF CORRECTIONS
Consultation Report

Effective Date: January 1, 2008
Operating Procedure #720.2 Attachment #7

CONSULTATION REPORT

PLEASE BILL TO ANTHEM

| | | | | | |
|----------------------|-----------------|-----|--------------|---------------------|--|
| Sending Facility: | PCC | | Date: | 02-02-2009 | |
| Offender Name: | Delaney, George | | Offender #: | 374390 | |
| SS#: | | DOB | -60 | T/D: | |
| Allergies: | | | | | |
| Current Medications: | | | | | |
| Referred By: | Dr. King | | Referred To: | MCV-Hand Clinic/ OT | |
| Medical Complaint: | | | | | |

#18343727

CONSULTING PHYSICIAN: PLEASE COMPLETE THE FOLLOWING:

| | | | | | |
|--|---|--|--|-------|--------|
| Findings: | See progress note | | | | |
| Lab or X-ray Results: | | | | | |
| Diagnosis: | | | | | |
| Treatment and Medications Recommended: | See progress note. R needs large splint returned to him in corrections | | | | |
| Restrictions: | | | | | |
| Consulting Physician: | Therapist | | | Date: | 2/2/09 |
| Follow-up appointment date and time: | NO therapy per unless MD orders it today | | | | |

[00120]



VIRGINIA DEPARTMENT OF CORRECTIONS
Consultation Report

Effective Date: January 1, 2008
Operating Procedure #720.2 Attachment #7

CONSULTATION REPORT

PLEASE BILL TO ANTHEM

| | | | |
|----------------------|-----------------|--------------|-------------------|
| Sending Facility: | PCC | Date: | 1-5-09 |
| Offender Name: | Delaney, George | Offender #: | 374390 |
| SS#: | | DOB: | |
| Allergies: | | | |
| Current Medications: | | | |
| Referred By: | | Referred To: | mcy / Hand Clinic |
| Medical Complaint: | | | |

CONSULTING PHYSICIAN: PLEASE COMPLETE THE FOLLOWING:

| | | |
|--|---|--------------|
| Findings: | See attached progress notes | |
| Lab or X-ray Results: | | |
| Diagnosis: | | |
| Treatment and Medications Recommended: | See attached progress notes Needs Hand surgery per apt scheduled for eval for any surgical options to J Pitt motion | |
| Restrictions: | | |
| Consulting Physician: | Therapist Super B Howard / on call | Date: 1-5-09 |
| Follow-up appointment date and time: | Next apt 1/12/09 8am mcy Hospital, NCU HB. Secure Care Unit | |

[00121]

DELANEY, GEORGE VC
 6371281 DOB: 50
 12/16/08 M 8 48Y OTHN
 DEFAULT, PROVIDER PTOT
 VIS#: 706 157646681

Medical College of Virginia Hospitals
 Virginia Commonwealth University
 Richmond, Virginia 23298

**THERAPY DEPARTMENT
 CASE RECORD**

Patient Identification (Patient Plate)

12/23/08 S c/o Steven P splint use
 8:28 AM that abates immediately (minutes)
 9:50 AM + 2 x 1 → 90
 + 6 x 1 → 80 10 16(P)
 - 2 x 1 → 20
 • Moist heat 15 min
 D.S. .87 1.0 W/air² If PIP region dorsal/rad
 Ulnar 8 min
 Manage by pt to that region P
 • Manual D 15 min to 5 PIP (P) flex + DIP (P) flex
 16° (P) flex P D (T 6°)
 25° (P) flex P D (T 4°)
 (L) 5.0 cm girth PIP II (pt c/o T girth once
 (P) 5.2 cm girth
 Bonded 2 rolls coban to address swelling)
 Orthoped check 10 minutes to change
 angle of traction to continue improvements
 A. dynamized AP PIP flex P D adjustments
 to splint should help continue to Traction
 Coban will help to edema
 P Return to Plu apt 12/29 1⁰⁰ PM MCV Hospitals
 Critical Care Hospital Subbasement 1 Room 077P
 130

Jason Howard on letter

MEDICAL RECORDS COPY



VIRGINIA DEPARTMENT OF CORRECTIONS
Consultation Report

Effective Date: January 1, 2008
Operating Procedure #720.2 Attachment #7

CONSULTATION REPORT

PLEASE BILL TO ANTHEM

| | | | | | |
|----------------------|-----------------|--------------|-------------|----------|--|
| Sending Facility: | PCC | | Date: | 12/23/08 | |
| Offender Name: | Delaney, George | | Offender #: | 374390 | |
| SS#: | | DOB: | | T/D: | |
| Allergies: | | | | | |
| Current Medications: | | | | | |
| Referred By: | | Referred To: | mcv/OT | | |
| Medical Complaint: | | | | | |

CONSULTING PHYSICIAN: PLEASE COMPLETE THE FOLLOWING:

| | | |
|--|----------------------------------|----------------|
| Findings: | See attached progress note | |
| Lab or X-ray Results: | | |
| Diagnosis: | | |
| Treatment and Medications Recommended: | Continue Flu 1x wk to meet goals | |
| Restrictions: | | |
| Consulting Physician: | Susan B. Howard | Date: 12/23/08 |
| Follow-up appointment date and time: | Next appt 12/29 Mon 1 pm | |

Secure Care Unit, MCV Hospital - Subbasement

DELANEY, GEORGE

6371281

11/19/08

DOB:

M B 48Y

OTHN

PTOT

DEFAULT, PROVIDER

VIS#: 706 157565919

Medical College of Virginia Hospitals
Virginia Commonwealth University
Richmond, Virginia 23298

THERAPY DEPARTMENT CASE RECORD

12/14/08

Patient Identification (Patient Plate)

12/23 AM

1048

S. P.

D. Has been exercising today.
Can't take Vicodin because doesn't
have colon & it constipates him.

PAIN less 3/10

Mistake helps

(Tx) Orthotic for trauma. I'm 15 new to physical
State program PIR flexion splint (splint level G)
Sized 2 tubing sleeves
for educ in don/doff + wear for body 30
minutes for conditioned to be aware of any
pressure to digit, collagen or to sensation to
↓ tension/reduce splint wear time if these
occur

A. Splint should help T. P. Rom PIR flex
which home ex program was unable to do
P. E. good understanding of splint use/don/doff
P. New splint Tues 12/23 8AM MCV Hospitals
Vicu Health Systems Critical Care Hospital
Subsidiary 1 Secure Care Unit Room 130
Addendum: Today (A) PIR flex (B) 70
Allen Howard MLC



VIRGINIA DEPARTMENT OF CORRECTIONS
Consultation Report

Effective Date: January 1, 2008
Operating Procedure #720.2 Attachment #7

CONSULTATION REPORT

PLEASE BILL TO ANTHEM

| | | | | | |
|----------------------|-----------------|------|--------------|------------|--|
| Sending Facility: | PCC | | Date: | 12-16-08 | |
| Offender Name: | Delaney, George | | Offender #: | 374390 | |
| SS#: | | DOB: | | T/D: | |
| Allergies: | | | | | |
| Current Medications: | | | | | |
| Referred By: | Dr. Rump | | Referred To: | MCI - O.T. | |
| Medical Complaint: | | | | | |

18308873

CONSULTING PHYSICIAN: PLEASE COMPLETE THE FOLLOWING:

| | | |
|--|---|----------------|
| Findings: | see program note | |
| Lab or X-ray Results: | | |
| Diagnosis: | | |
| Treatment and Medications Recommended: | Appropriate to weekly therapy Flu until MD stands by for apt in 2009. Need to bring splint & each session | |
| Restrictions: | | |
| Consulting Physician: | Gregory Howard MD/UCM | Date: 12/16/08 |
| Follow-up appointment date and time: | Next apt (12/23) Tuesday at 8AM | |
| VcuHealth Systems Critical Care Hospital | | |

[00125]